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| OATE: | TO CLASSIFIE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): | (check box) |
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| DATE: FORWARD TO OISPOSITION ATE: ORWARD TO Art Unit: Class: | CO CLASSIFIE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): F NEEDED: CLASSIFICATION CLASSIFIER: REASON(S): A. You had Parent | (check box) (check box) |
| DATE: FORWARD TO OISPOSITIO ATE: ORWARD TO Art Unit: | CO CLASSIFIE | FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): F NEEDED: CLASSIFICATION CLASSIFIER: REASON(S): A. You had Parent B. See Title | [check box] [check box] [check box] [check box] [check box] |

FURTHER EXPLANATION IF NEEDED: